PTO/SB/01 (08-03)

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Chuck Whiteman

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DECLARATION FOR UTILITY OR

DESIGN

Attorney Docket Number

First Named Inventor

PATENT APPLICATION (37 CFR 1.63)			COMPLETE IF KNOWN						
			Application Number						
Declaration Submitted OR With Initial	Declarat	alion	Filing Date						
	Filing (s	surcharge	Art Unit						
Filing	(37 CF) require	R 1.16 (e))	Examiner Name						
I h reby declare that:									
Each inventor's residence, ma	ailing address :	and citizenship are a	s stated below next	to their name					
I believe the inventor(s) name which a patent is sought on th	d below to be t	the original and first i				and for			
• *	SYS	TEM AND METHOD F	OR ARRANGING TRA	VEL					
(Title of the Invention)									
the specification of which				•					
is attached hereto									
OR			1						
was filed on (MM/DD/Y	YYY)		as United States	Application N	umber or PCT I	International			
Application Number and was amended on (MM/DD/YYYY) (if applicable).									
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as									
amended by any amendment specifically referred to above.									
I acknowledge the duty to di continuation-in-part application	sclose informa	ition which is mater	ial to patentability a	s defined in	37 CFR 1.56,	including for			
and the national or PCT intern	ational filing da	ate of the continuatio	n-in-part application.						
I hereby claim foreign priority inventor's or plant breeder's r	ights certificate	e(s), or 365(a) of any	PCT international a	application wh	nich designated	at least one			
country other than the United application for patent, inventor	States of Amer	rica, listed below and	d have also identified	below, by ch	necking the box	anv foreign			
before that of the application of	on which priority	y is claimed.	me(s), or any PC1 in	terriational ap	plication having	, a ming date			
Prior Foreign Application Number(s)	Country	Foreign Filing (MM/DD/YY)		riority Claimed	Certified Cop Yes	y Attached? No			
						\Box			
			•						
Additional foreign applicat	tion numbers a	re listed on a supple	mental priority data s	LI sheet PTO/SB	/02B attached	hereto.			

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

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Direct all correspondence to:	Custome	r Number:				OR		Corresp	oondence address below	
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.										
NAME OF SOLE OR FIRST IN	VENTOR:		ПАр	etition	has be	en filed	for this	s unsian	ed inventor	
Given Name (first and middle [if any]) Charles				Family Name or Surname			lame	Whiteman		
Inventor's Signature					•				Date	
Residence: City	State			Coun	itry			Citizen	ship	
Mailing Address										
City	State				ZIP				Country	
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor										
Given Name (first and middle [if any]) Kevin			•	Family Name or Surname Senecal						
Inventor's Signature									Date	
Residence: City	State	. 200 24		Coun	try			Citizen	ship	
Mailing Address	<u></u>						I			
City	State			ZIP			Country			
Additional inventors or a legal re	presentative are being	ng named on t	the s	uppleme	ntal she	et(s) PTO	/SB/02A	or 02l R a	ttached hereto.	